# Immunization Requirements for School Year 2013-14













### **AGENDA**

Welcome Dr. Moser Comments-if able to attend KSWebIZ School Module Update- Tim School Located Vaccination Clinics - Mike 2013-2014 School Requirements- Patti Discussion Wrap Up









### KSWebIZ School Module

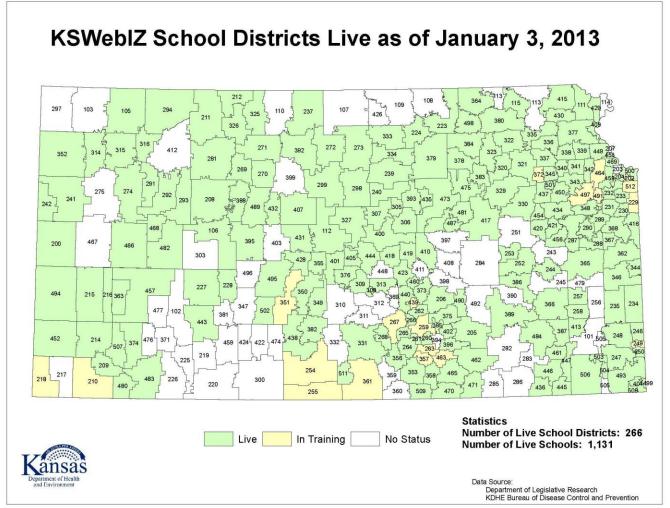
KSWebIZ has seen increased growth due to the School Nurse efforts in Kansas since 2008!

- a) 85% of schools in Kansas are live with KSWebIZ.
- b) Almost 700,000 historical immunizations entered.
- c) Over 11,000 patients added.





# KSWebIZ School Module Map







## KSWebIZ and School Module Stats

KSWebIZ Stats (as of 31 Dec, 2012) - Jan 7, 2013

Dec 2012	Nov 2012	Oct 2012	+/-	Monthly	
				% Change	Number of Providers Live
240	235	227	8	3.40%	Private
22	20	20	0	0.00%	Interface
72	67	60	7	10.45%	Non VFC
105	105	105	0	0.00%	Public
55	55	55	0	0.00%	Direct
50	50	50	0	0.00%	Interface
1,855	1,846	1,819	27	1.46%	Number of Registry Direct Entry Users (Registry + School Module Users)
266	265	263	2	0.75%	Number of Live School Districts
1,131	1,129	1,109	20	1.77%	Number of Schools
652	650	649	1	0.15%	Number of School personnel
11,534	11,245	10,833	412	3.66%	Number of Patients added by Schools
684,257	668,757	646,110	22,647	3.39%	Number of Vaccinations added by Schools
96,365	94,555	91,964	2,591	2.74%	Number of Patients with an Open Enrollment
99,574	96,472	86,260	10,212	10.59%	Number of Patients created by Walgreens
214,535	206,585	175,732	30,853	14.93%	Number of Vaccinations created by Walgreens
2,075,185	2,054,596	2,036,357	18,239	0.89%	Number of Patients
18,509,118	18,357,061	18,157,379	199,682	1.09%	Number of Vaccinations
15,255,717	15,135,267	14,980,749	154,518	1.02%	Historical Vaccinations
3,253,401	3,221,794	3,176,630	45,164	1.40%	Administered Vaccinations









KIP Received CDC Public Health Funds

Kansas One of Four States to Receive this Award

Program runs Aug. 2011 thru Aug. 2013

Funding Offers made to all Local Health Depts.

Students, Teachers and Parents can be vaccinated





10 County Health Departments Applied

Clay

Dickinson

Harvey

Hodgeman

Jefferson

Reno

Rooks

Sedgwick

SEK- Allen, Anderson, Woodson

Wilson





Clinics being offered in Elementary, Middle and High Schools in all Counties.

Funding can be used for Operational and Start-Up Vaccine Costs/Purchases

Providers then Bill Medicaid and Private Insurance

Counties Report Data to Online Data Collection

Tool Developed with KFMC

Our Mission: To protect and improve the health and environment of all Kansans.

15 Types of Vaccinations Given to Date

**DTaP** 

HepA

HepB

Hib

**HPV** 

Influenza

Meningococcal

**MMR** 

PCV 7/13

Polio

PPV23

Rotavirus

Td

Tdap

Varicella





In 2012 their were 2400 Flu Vaccinations

Many 2<sup>nd</sup> and 3<sup>rd</sup> follow-up doses administered 4955 dose of Vaccine Administered

311 School Located Clinics in these Counties

Clinics held in 93 Different Schools

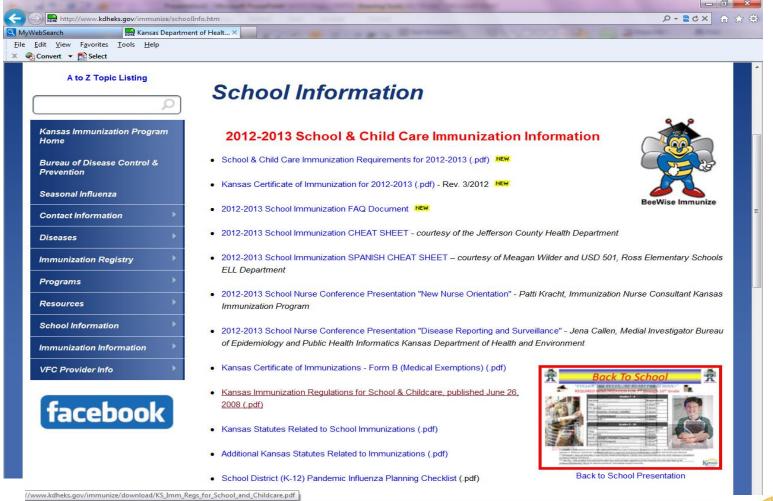
Counties report better rapport within Schools and Communities

Counties gearing up for Kindergarten Round-up and Adolescent Clinics

\*Note not all 2012 data had been entered at time of Stats Report



# School Requirements www.kdheks.gov/immunize



Our Mission: To protect and improve the health and environment of all Kansans.



### **Advisory Committee of Immunization Practices**

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

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Vaccine <b>▼</b> Age <b>▶</b>	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months		19–23 months	2–3 years	4–6 years	Range of
Hepatitis B¹	Нер В	He	рB				HepB						recomme ages for
Rotavirus <sup>2</sup>	•		RV	RV	RV <sup>2</sup>	}	-						children
Diphtheria, tetanus, pertussis³			DTaP	DTaP	DTaP	;	see footnate/	D.	ТаР			DTaP	
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib⁴	i	Н	ib					Range o
Pneumococcal <sup>5</sup>			PCV	PCV	PCV	1	P(	CV			PF	SV	recomm ages for
Inactivated poliovirus <sup>6</sup>			IPV	IPV	IPV IPV						IPV	high-risk groups	
Influenza <sup>7</sup>			:					Influenz	a (Yearly)				77
Measles, mumps, rubella <sup>8</sup>			!			:	MI	ИR		see footnote <sup>a</sup>		MMR	///
Varicella <sup>9</sup>							Vari	cella		see footnate*		Varicella	Range of recomm ages for
Hepatitis A <sup>10</sup>			!					Dos	se 1 <sup>10</sup>		/HepA	Series /	children certain h
Meningococcal <sup>11</sup>								MCV4	— see foo	tnote 11			risk grou





### **Advisory Committee of Immunization Practices**

FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

Vaccine ▼ Age ►	7–10 years	11–12 years	13–18 years			
Tetanus, diphtheria, pertussis <sup>1</sup>	1 dose (if indicated)	1 dose (if indicated)	Range of recommended			
Human papillomavirus <sup>2</sup>	see footnote²	3 doses	Complete 3-dose series	ages for all children		
Meningococcal <sup>3</sup>	See footnote <sup>3</sup>	Dose 1	Booster at 16 years old			
Influenza4		Influenza (yearly)	П	Range of		
Pneumococcal <sup>5</sup>	See footnote <sup>5</sup>					
Hepatitis A <sup>6</sup>	Complete 2-dose series					
Hepatitis B <sup>7</sup>		Complete 3-dose series				
Inactivated poliovirus8		Complete 3-dose series		Range of		
Measles, mumps, rubella9	Complete 2-dose series					
Varicella <sup>10</sup>	Complete 2-dose series					





FIGURE 3. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States • 2012 The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with the accompanying childhood and adolescent immunization schedules (Figures 1 and 2) and their respective footnotes.

		Persons aged 4 month	hs through 6 years								
Vaccina	Minimum Age	Minimum Interval Between Doses									
Vaccine	for Dose 1	Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5						
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks								
Rotavirus¹	6 weeks	4 weeks	4 weeks								
Diphtheria, tetanus, pertussis <sup>2</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>						
Haemophilus influenzae type b <sup>3</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>1</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>3</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months							
Pneumococcal <sup>4</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age							
Inactivated poliovirus <sup>5</sup>	6 weeks	4 weeks	4 weeks	6 months <sup>5</sup> minimum age 4 years for final dose							
Meningococcal <sup>8</sup>	9 months	8 weeks <sup>8</sup>	i i	l i							
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks									
Varicella <sup>®</sup>	12 months	3 months									
Hepatitis A	12 months	6 months									
		Persons aged 7 th	rough 18 years								
Tetanus, diphtheria/ tetanus, diphtheria, pertussis®	7 years <sup>a</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months							
Human papillomavirus <sup>10</sup>	9 years		Routine dosing intervals are recommended <sup>10</sup>								
Hepatitis A	12 months	6 months	2								
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)								
Inactivated poliovirus <sup>5</sup>	6 weeks	4 weeks	4 weeks <sup>s</sup>	6 months <sup>6</sup>							
Meningococcal <sup>6</sup>	9 months	8 weeks <sup>6</sup>	"								
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks									
Varicella <sup>®</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older									

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Par	rent or Guardian Name:	t record and shall be transfer	rred from one sch	nool to another as del Address: 		09 (d) of the Kansas			
_	one:								
	VACCINE			RECORD THE	MONTH, DAY, AND	YEAR THAT EACH [	OOSE OF VACCINE V	WAS RECEIVED	
	7,1001112		1st	2nd	3rd	4th	5th	6th	7th
	TaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required nool entry. Single Tdap required for grades 7-10.	of for State Type	DTaP Td Tdap	DT DTaP Td Tdap	DT DTaP Td Tdap	DT DTaP Td Tdap	DT DTaP Td Tdap		DT DTaP Td Tdap
Po	DIO Required for school entry.							If additional doses a please initial the do	
HE	EPB (Hepatitis B) Required for school entry.							below:	
	IFICE II a (Chickenpox) Required for school entry. 2 doses grade e dose grades 4-6 and 3-12 for 2012-2013 school year.				Hx of Disease: Physician Signature	Date of Illness	5:		
M	MR (Measles, Mumps, and Rubella combined) Required for sch	hool entry. MM	IR Me/Mu/Ru	MMR Me/Mu/Ru					
	luenza (Flu) Recommended annually for ages 6mo and older ulred for school entry.	r. Not							
orc	B (Haemophilus Influenzae Type B) Required < 5 years of age to child care operated by a school.						-		
chil	CV (Pneumococcal Conjugate) Required < 5 years of age for pre id care operated by a school. EPA (Hepatitis A) Required < 5 years of age for preschool or ct						J		
оре	erated by a school.  CV4 (Meningococcal) Initial dose recommended at 11-12 years								
dos	se recommended after 16 years of age. Not required for school en	itry.				1			
	PV (Human Papillomavirus) Recommended for males and femal 12 years of age. Not required for school entry.	les at							
	TAVITUS Recommended < 8 mo. Not required for school entry.	_							
	DOCUMENTATION  KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALT  I certify I reviewed this student's vaccination record and transc Agency Name:  Authorized Representative:  Address:		condition of the	tten statement signed by e child to be such that th	ERNATIVES TO V y a licensed physician (M te tests or inoculations we by physician completion of	edical Doctor/M.D. or Do	octor of Osteopathy/D.O the life or health of the o	.) stating the physical	
	e record presented was  Kansas Immunization Record Other Immunization Record (Specify)	Date		tement signed by one p ings are opposed to suc	arent or guardian that the th tests or inoculations."	child is an adherent of	a religious denomination	whose	
KANSAS IMMUNIZATION PROGRAM 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274 PHONE 785-286-5591 FAX 785-296-6510				or information contain pose of assessment	ned on this form to be and reporting.	released to the Kans	as Immunization		**
	WEB SITE www.kdheks.gov/immunize	_		Parent/Legal Gu	ardian's Signature			Date	Rev. 03/0

Department of Health and Environment KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

TaP: 5 Doses  4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4.  5 doses acceptable if dose 4 given on or after the 4th birthday.  6 If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.  DLIO - Grade K-1  a) 4 week minimum interval between first 3 doses; 6 month interval required between	Tdap/Td: 3 doses if no history of any DTaP doses  a) 4 week minimum interval between dose 1 and dose 2. b) 6 month interval between dose 2 and dose 3. c) One dose must be Tdap in the series. d) Single dose of Tdap required for incomplete DTaP series if age 7 years or older. e) Tdap required for grades 7-10 regardless of interval of last Td. f) Tdap required for grades 11-12 if more than 10 years since previous DTaP.
dose 4. b) 4 doses acceptable if dose 4 given on or after the 4th birthday. c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.  DLIO - Grade K-1 a) 4 week minimum interval between first 3 doses; 6 month interval required between	b) 6 month interval between dose 2 and dose 3. c) One dose must be Tdap in the series. d) Single dose of Tdap required for incomplete DTaP series if age 7 years or older. e) Tdap required for grades 7-10 regardless of interval of last Td. f) Tdap required for grades 11-12 if more than 10 years since previous DTaP.
a) 4 week minimum interval between first 3 doses; 6 month interval required between	
dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday DLIO - IPV/OPV Combination Schedule: 4 Doses required a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	POLIO - All IPV or OPV Schedule 4 Doses a) 4 week minimum interval between doses, regardless of age given. 3 Doses a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday. POLIO - IPVIOPV Combination Schedule: 4 Doses a) 4 week minimum interval between doses, regardless of age given.
MR: 2 Doses	MMR: 2 Doses
a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.	a) First dose on or after the 1st birthday.     b) 4 week minimum interval between doses.
ARICELLA: 2 Doses Grades K-3 for 2012-2013 school year  a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are recommended for all children.	VARICELLA: 2 Doses Grades 7-8 for 2012-2013 school year  1 Dose Grades 4-6 and 9-12 for 2012-2013 school year  a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are recommended for all children.
EPATITIS B: 3 Doses	HEPATITIS B: 3 Doses
a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 18 week minimum interval between dose 1 and dose 3. Dose 3 must be given after 24 weeks of age.	a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. d) Dose 3 must be given after 24 weeks of age.
a) b) MF a) b) C) d) EP a) b)	4 week minimum interval between first 3 doses; 0 month interval required between dose 3 and dose 4; one dose after 4th birthday 3 doses not acceptable with combination schedule  R: 2 Doses First dose on or after the 1st birthday. 4 week minimum interval between doses.  RICELLA: 2 Doses Grades K-3 for 2012-2013 school year First dose on or after the 1st birthday. Second dose must be given at least 28 days after first dose. None required if prior varicella disease verified by physician. Two doses are recommended for all children.  PATITIS B: 3 Doses 4 week minimum interval between dose 1 and dose 2. 8 week minimum interval between dose 2 and dose 3. 10 week minimum interval between dose 1 and dose 3.

Half doses or reduced doses of vaccine are not considered valid.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm\_manual\_pdf/KCI\_formB.pdf BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI\_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.



# 2013-14 School Year Immunization Requirements

### Phasing in:

- 1. Polio 6 months rule between last two doses with one dose after the 4<sup>th</sup> birthday
- 2. 2 Doses Varicella Vaccine rather than 1 Dose
- 3. Tdap for adolescents





# Ages 5-6

### Polio 4 Doses Grade K-2

- a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4.
- b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3.
- c) One dose required after 4<sup>th</sup> birthday regardless of the number of previous doses



# Ages 5-6

### Polio-add

Grades K-2, new students and students completing series must have 6 months between last two doses with one dose after 4<sup>th</sup> birthday





# Increasing Varicella Vaccine 2 Dose Requirement

- Healthy People 2020 Goal for 2 doses of Varicella vaccine is 90% coverage
- Kindergarten 2 Dose Requirement began 5 years ago in Kansas
- 2010-11 Kindergarten Survey reports an 86% varicella vaccine coverage for Kindergarten students entering school
- 30 days after school started the coverage rate rose to 88.6%

# Ages 5-6

Varicella-Requirement goes up one grade level

Varicella: 2 Doses Grades K-4





# Ages 5-6

# No change in the DTaP, MMR or Hepatitis B vaccine requirements











# Tdap

 Healthy People 2020 goal is 80% coverage for Tdap vaccines

 NIS – Kansas 13-17 year olds Tdap coverage increased from 46.8% in 2008 to 79.1% 2011

 As of Dec.17, 2012, over 1,800 potential cases of pertussis were reported in Kansas for the year.

### Tdap/Td:

- 3 doses if no history of any DTaP doses (a-b)
- a) 4 week minimum interval between dose 1 and dose 2; first dose must be Tdap
- b) 6 months between dose 2 and 3
- c) Single dose of Tdap for an incomplete primary DTaP series
- d) Single dose of Tdap required for Grades 7-12





Grades 3-12

Polio- All IPV or OPV Schedule: 4 doses

a) 4 week minimum interval between doses, regardless of age given.

Polio- All IPV or OPV Schedule: 3 doses

 a) 4 week minimum interval between each dose, with 1 dose given on or after the 4<sup>th</sup> birthday.

Polio- IPV/OPV Combination Schedule

a) Must be 4 doses with 4 weeks between doses





Polio-add

New students and students completing series must have 6 months between last two doses with one dose after 4<sup>th</sup> birthday





MMR – no change





# Varicella Vaccine Coverage

2011 National Immunization Survey 13-17 year olds

U.S.

KS

79.9%

60.9%





Varicella

2 Doses

Grade 7,8,9th

1 Dose

Grades 5-6th

Grades 10, 11,12th





Varicella-no change in wording

- a) First dose must be given on or after the first birthday.
- b) Second dose must be given at least 28 days after first dose.
- c) None required if prior varicella disease verified by physician.
- d) 2 Doses are recommended for all children





Hepatitis B – no change 3 doses required for all grades





### **KCI-Note section**

#### Add

Recommended- Varicella vaccine minimum Interval less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age may be counted as valid. All doses must be after first birthday.







### **Adolescent Immunizations**



### "TEENS NEED RECOMMENDED VACCINES TOO!"

### Because their teens...they still need vaccines!

#### **Recommended Vaccines**

Influenza- Flu (6 months and older)

HPV- Human Papillomavirus (11-12 years Females/Males)

Meningococcal- Meningitis (11-12 years/Booster at 16 years)











## Questions?





<u>Tbudge@kdheks.gov</u> – KSWebIZ <u>Mparsons@kdheks.gov</u> – SLV Project <u>Pkracht@kdheks.gov</u> – Clinical Patti- 785-633-4106 www.kdheks.gov/immunize





and Environment